

EXHIBIT 9

(Exhibit 7 to the Settlement Agreement)

CHANGE OF ADDRESS FORM

If you believe you were a member of the Settlement Class in Briggs, et al. v. Treatment Assessment and Screening Center, Inc. (TASC) because you participated in the Possession of Marijuana Deferred Prosecution Program between August 23, 2016, and August 15, 2020, and were extended solely for nonpayment, and your address has changed, please fill out this form. If the Settlement Agreement is approved, your check will be sent to the address the Settlement Administrator has on file, or electronically if you elect electronic payment.

Claimant Information

Full Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Current Contact Information – where check will be sent

Street Address: _____

City: _____

State: _____

Zip: _____

Contact Phone Number: _____

Email Address: _____

If you wish to receive your payment electronically instead of via check, please provide your electronic payment information:

Electronic Payment Information – pick one

Zelle: _____

CashApp: _____

Venmo: _____

PayPal: _____